

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

March 2010

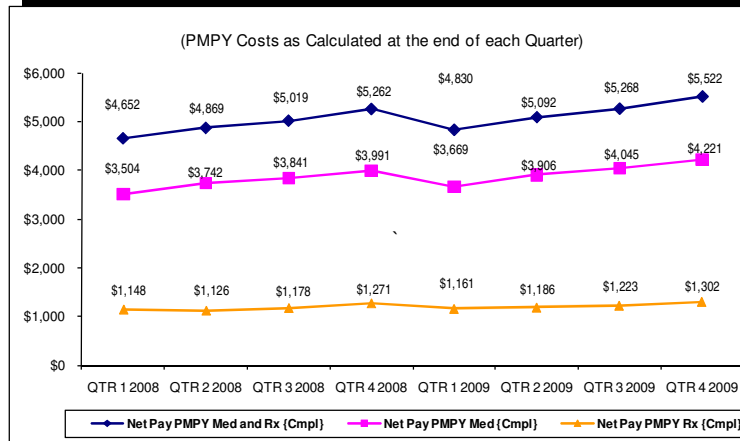
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

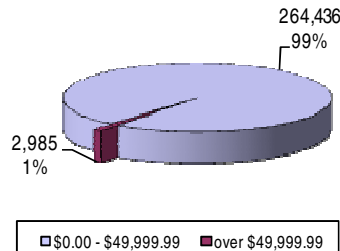
Fact	Nov 2008 - Oct 2009	Nov 2007 - Oct 2008	% Change
Employees Avg Med	156,313	154,018	1.50%
Members Avg Med	257,890	251,198	2.70%
Family Size Avg	1.6	1.6	1.20%
Member Age Avg	37.9	38.0	-0.10%

Net Incurred Claims Cost per Member

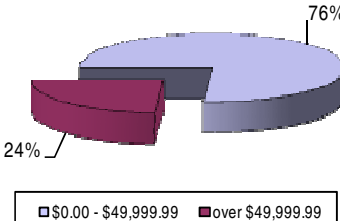


High Cost Claimants November 08- October 09

% of High Cost Patients



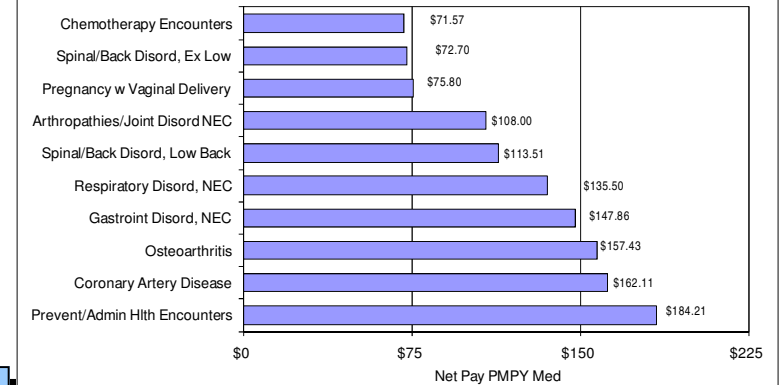
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Nov 2007 - Oct 2008	Nov 2008 - Oct 2009	% Change
Mail Order	Discount Off AWP % Rx	38.77%	39.20%	1.12%
	Scripts Generic Efficiency Rx	88.46%	90.53%	2.33%
Retail	Discount Off AWP % Rx	38.36%	38.09%	-0.70%
	Scripts Generic Efficiency Rx	91.61%	93.49%	2.05%
Total	Discount Off AWP % Rx	38.43%	38.29%	-0.37%
	Scripts Generic Efficiency Rx	91.46%	93.33%	2.05%
	Scripts Maint Rx % Mail Order	7.39%	8.17%	10.47%

Prescription Drug Programs



Allowed Claims Costs PMPY with Norms

	Nov 2007 - Oct 2008	Nov 2008 - Oct 2009	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,130.50	\$4,389.38	6%	\$3,490.15	20.49%
Allow Amt PMPY IP Acute {Cmpl}	\$1,146.38	\$1,216.65	6%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,973.64	\$3,155.09	6%	\$2,351.93	25.46%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,430.47	\$1,575.65	10%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$1,014.34	\$1,019.37	1%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$254.43	\$280.55	10%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$518.31	\$542.11	5%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$346.25	\$404.73	17%	\$476.72	-17.79%
Allow Amt PMPY Rx {Cmpl}	\$1,355.19	\$1,443.13	6%	\$931.47	35.45%
Out of Pocket PMPY Rx {Cmpl}	\$199.67	\$230.32	15%	\$0.00	N/A

Cost Drivers Support

Fact	Nov 2007 - Oct 2008	Nov 2008 - Oct 2009	% Change
Allow Amt Per Day Adm Acute	\$3,199.28	\$3,445.51	7.70%
Days Per 1000 Adm Acute	352.44	342.58	-2.80%
Allow Amt Per Visit OP Fac Med	\$778.66	\$842.71	8.23%
Visits Per 1000 OP Fac Med	1,837.10	1,857.12	1.09%
Allow Amt Per Visit Office Med	\$115.62	\$113.84	-1.54%
Visits Per 1000 Office Med	8,772.18	8,865.67	1.07%
Allow Amt Per Day Supply Rx	\$2.32	\$2.46	5.99%
Days Supply PMPY Rx	584.85	587.44	0.44%

Cost Drivers—Utilization and Price Trends

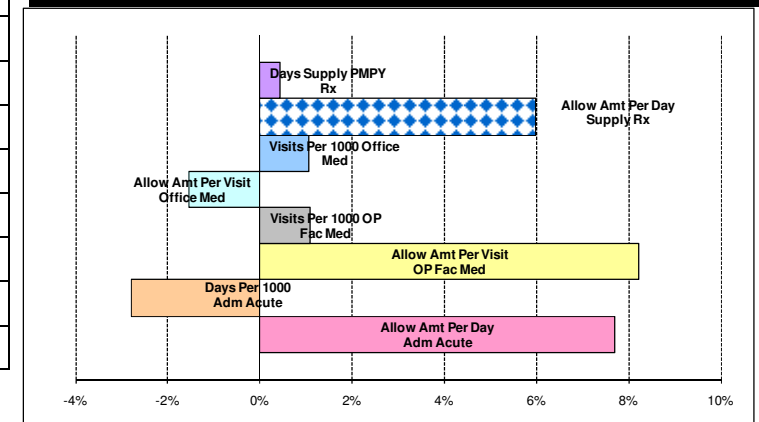


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

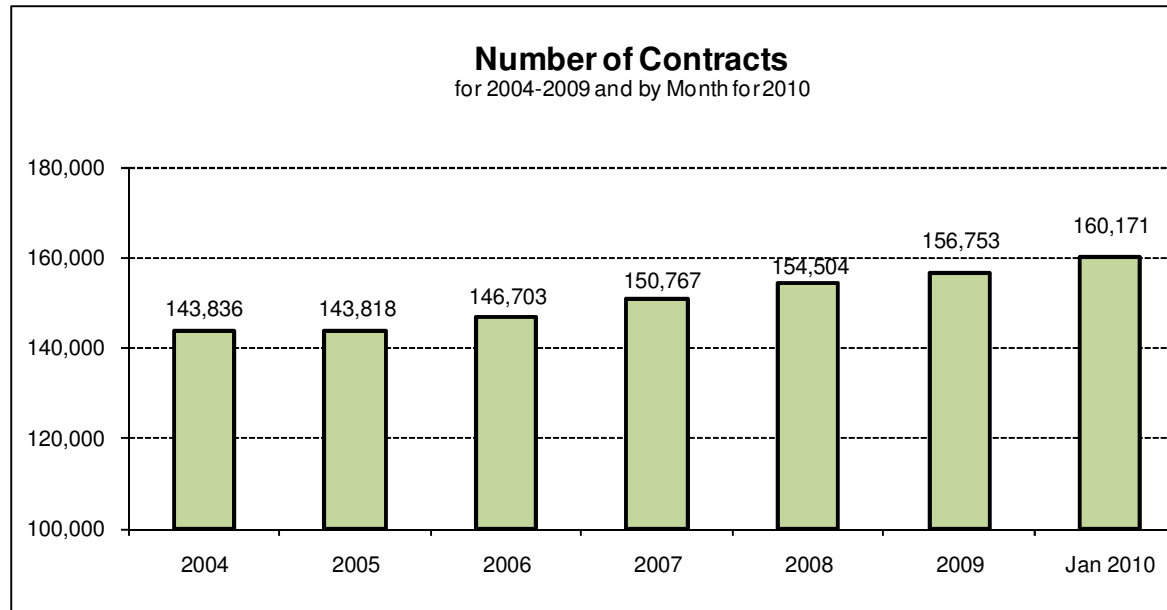
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of 258,809 members as well as 7,973,124 claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

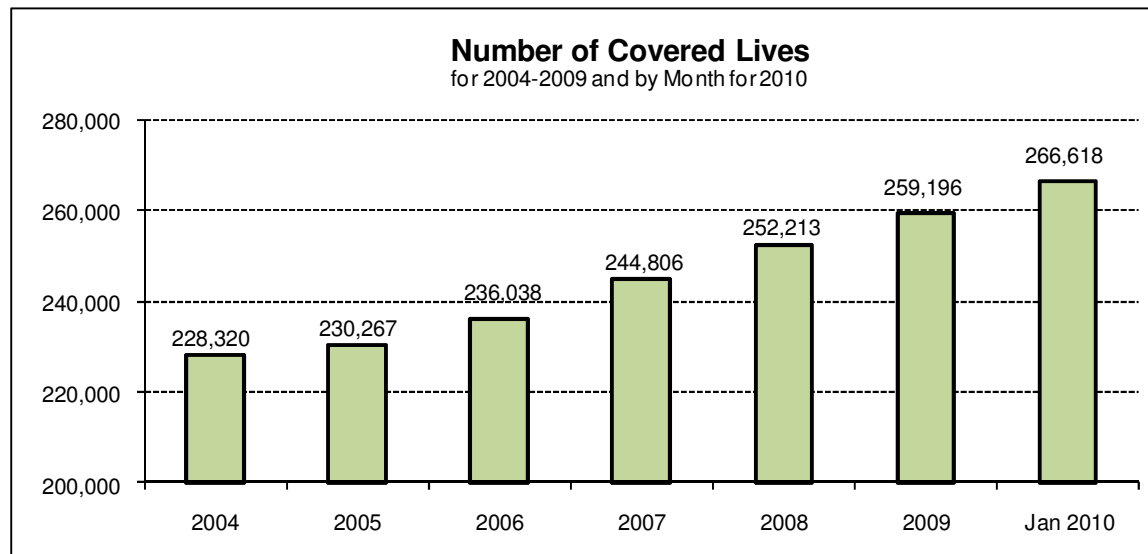
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2004-2009 and monthly year-to-date for 2010. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

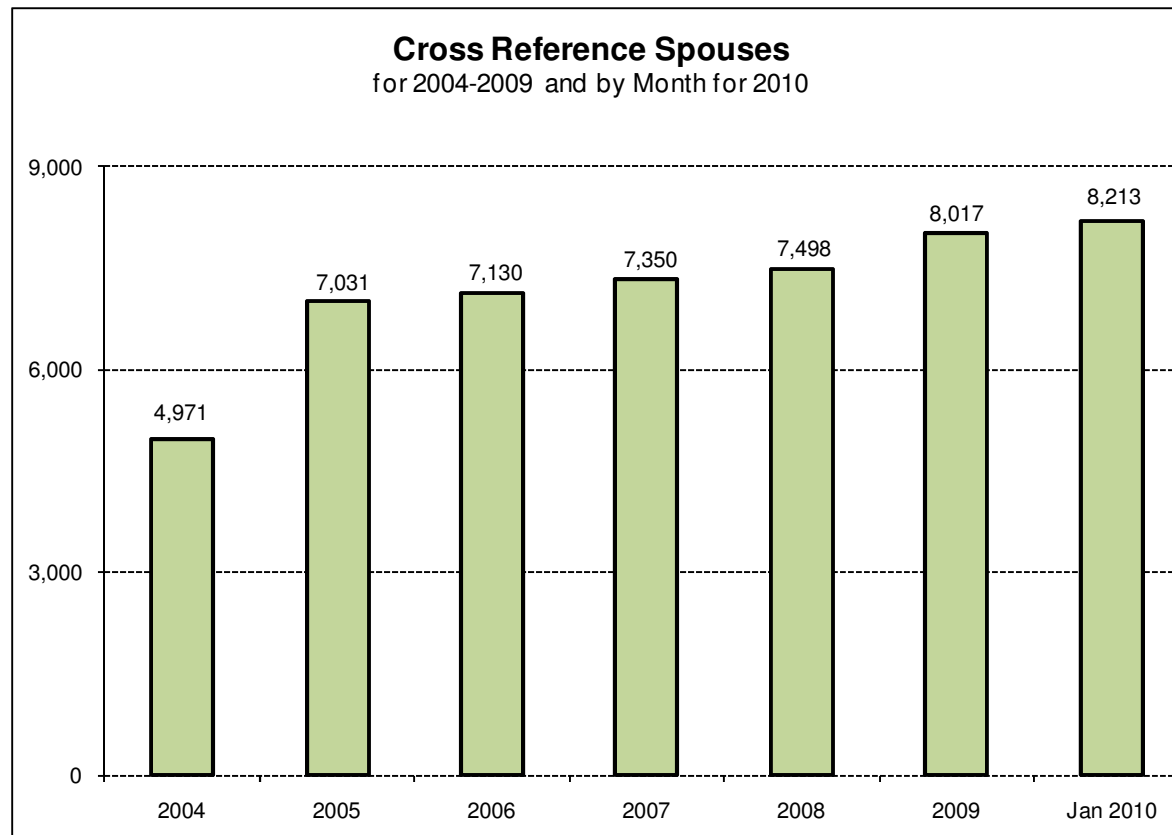


The following chart shows member enrollment (covered lives) for 2004-2009 and monthly year-to-date for 2010. Enrollment will fluctuate on a monthly basis.



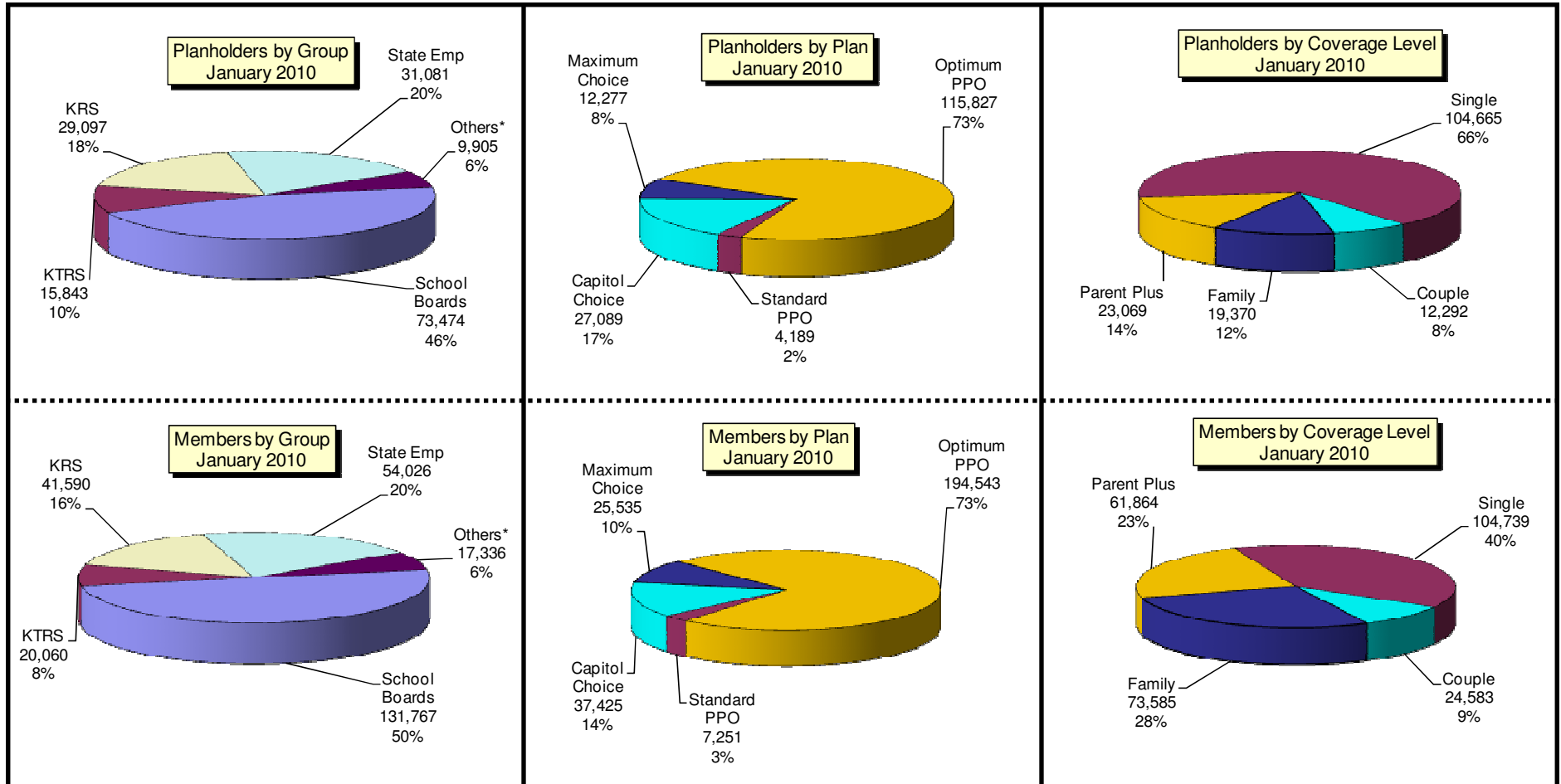
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2009 and monthly year-to-date for 2010. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



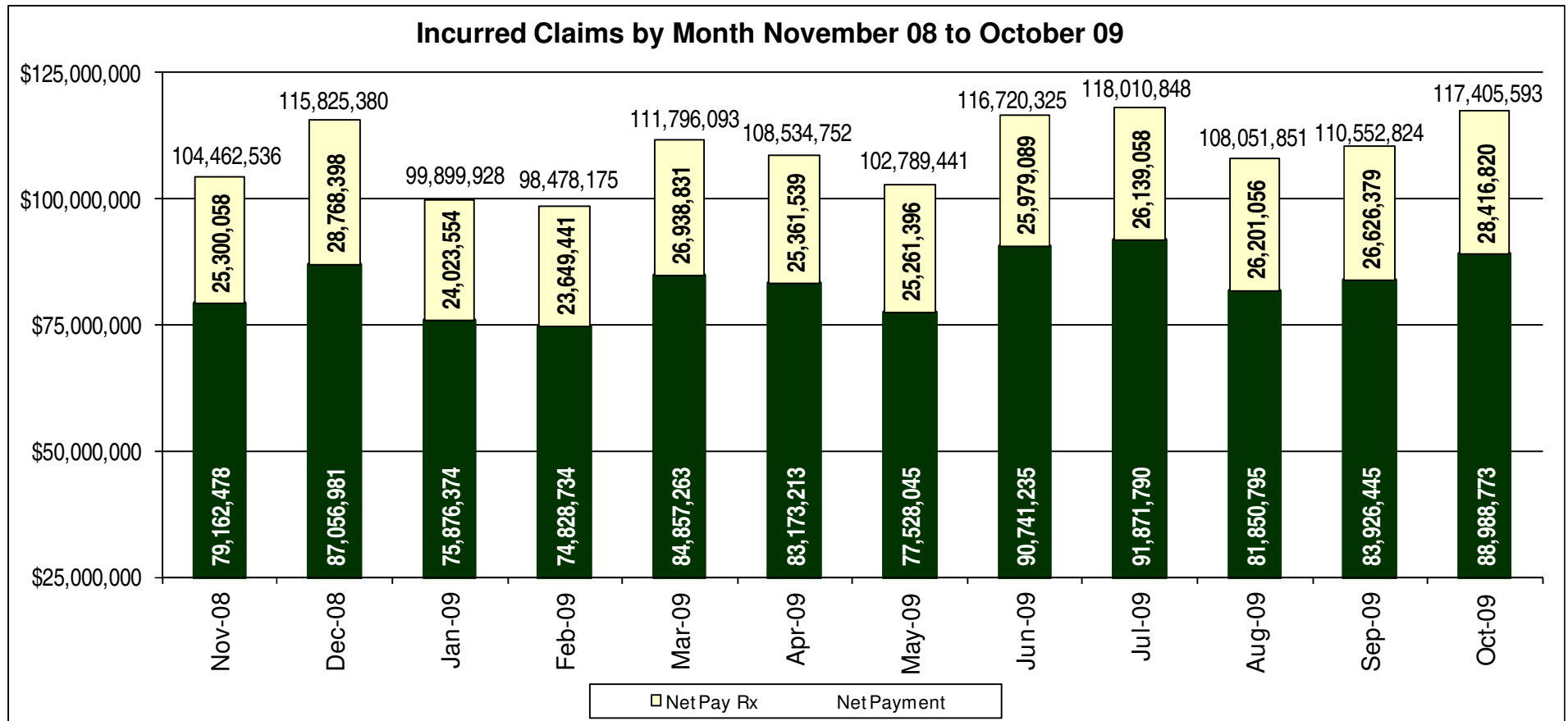
Enrollment *(continued)*

The following charts show Planholder and Member enrollment by group, plan, and coverage level.



Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2004 - 2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

Time Period	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	246,147,555	70,821,610	105,467,391	123,091,625	44,876,807	\$590,404,988
2005	258,583,635	80,446,325	122,103,230	127,041,805	47,167,061	\$635,342,056
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$403,585,169	\$109,530,517	\$194,844,864	\$178,919,575	\$63,994,497	\$950,874,621
Jan-09	\$31,700,280	\$9,797,134	\$15,979,374	\$13,414,728	\$4,984,857	\$75,876,374
Feb-09	\$29,528,685	\$8,794,175	\$17,573,985	\$13,675,854	\$5,256,035	\$74,828,734
Mar-09	\$34,361,247	\$10,638,533	\$18,718,642	\$15,298,682	\$5,840,159	\$84,857,263
Apr-09	\$34,552,008	\$10,105,017	\$18,875,940	\$14,036,196	\$5,604,053	\$83,173,213
May-09	\$31,523,309	\$8,949,326	\$17,086,243	\$14,391,951	\$5,577,217	\$77,528,045
Jun-09	\$41,422,412	\$10,324,975	\$18,439,512	\$14,854,531	\$5,699,804	\$90,741,235
Jul-09	\$40,570,964	\$10,615,848	\$19,397,466	\$15,221,415	\$6,066,096	\$91,871,790
Aug-09	\$32,756,287	\$10,575,072	\$18,388,237	\$14,795,665	\$5,335,534	\$81,850,795
Sep-09	\$34,284,316	\$10,725,127	\$18,776,258	\$14,256,051	\$5,884,693	\$83,926,445
Oct-09	\$37,137,809	\$10,743,502	\$19,938,075	\$14,943,789	\$6,225,597	\$88,988,773

INCURRED Rx CLAIMS (no Med) by Group:

Time Period	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,252,657	\$42,193,102	\$72,424,279	\$51,452,342	\$17,567,440	\$297,889,821
Jan-09	\$8,945,667	\$3,495,723	\$6,418,179	\$3,799,432	\$1,364,552	\$24,023,554
Feb-09	\$8,890,218	\$3,424,404	\$6,151,506	\$3,866,962	\$1,316,351	\$23,649,441
Mar-09	\$10,355,483	\$3,817,750	\$6,975,916	\$4,282,930	\$1,506,752	\$26,938,831
Apr-09	\$9,479,233	\$3,624,999	\$6,762,214	\$4,088,215	\$1,406,878	\$25,361,539
May-09	\$9,527,486	\$3,623,864	\$6,553,124	\$4,105,429	\$1,451,493	\$25,261,396
Jun-09	\$9,803,338	\$3,718,225	\$6,873,220	\$4,080,701	\$1,503,605	\$25,979,089
Jul-09	\$9,699,433	\$3,928,916	\$6,866,598	\$4,146,543	\$1,497,568	\$26,139,058
Aug-09	\$9,686,898	\$3,803,078	\$6,906,104	\$4,271,426	\$1,533,551	\$26,201,056
Sep-09	\$9,970,031	\$3,892,229	\$6,943,500	\$4,278,567	\$1,542,052	\$26,626,379
Oct-09	\$10,851,945	\$4,035,917	\$7,229,031	\$4,618,347	\$1,681,579	\$28,416,820

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

	Commonwealth									
Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
2005	\$224,106,646	\$5,699,906	\$398,937,012	\$870	\$0	\$0	\$0	\$0	\$3,206,256	\$631,950,690
2006	\$288,475,412	\$5,444,088	\$450,349,287	\$2,662	\$12,098	\$2,313	\$2,001	\$80,928	\$3,974,007	\$748,342,797
2007	\$338,717,549	\$5,049,175	\$499,351,543	\$7,241,677	\$8,146	\$2,173	\$10,878	\$65,746	\$3,721,482	\$854,168,370
2008	\$378,839,230	\$5,453,384	\$549,352,618	\$12,085,063	\$189,382	\$15,440	\$166,181	\$1,181,733	\$3,591,590	\$950,874,621
Jan-09	\$31,010	\$0	\$75,441	\$8,652	\$8,562,404	\$789,609	\$2,992,386	\$63,205,361	\$211,510	\$75,876,374
Feb-09	N/A	N/A	N/A	N/A	\$8,132,438	\$947,367	\$2,825,125	\$62,734,152	\$189,652	\$74,828,734
Mar-09	N/A	N/A	N/A	N/A	\$10,356,214	\$1,152,236	\$2,959,928	\$70,053,759	\$335,126	\$84,857,263
Apr-09	N/A	N/A	N/A	N/A	\$8,590,702	\$1,070,710	\$3,599,738	\$69,445,789	\$466,273	\$83,173,213
May-09	N/A	N/A	N/A	N/A	\$8,077,535	\$1,515,468	\$3,502,798	\$64,061,563	\$370,682	\$77,528,045
Jun-09	N/A	N/A	N/A	N/A	\$9,455,728	\$1,686,549	\$3,973,993	\$75,256,363	\$368,602	\$90,741,235
Jul-09	N/A	N/A	N/A	N/A	\$10,583,683	\$1,502,610	\$4,177,609	\$75,109,223	\$498,664	\$91,871,790
Aug-09	N/A	N/A	N/A	N/A	\$10,119,404	\$1,188,463	\$3,607,941	\$66,630,916	\$304,071	\$81,850,795
Sep-09	N/A	N/A	N/A	N/A	\$9,572,691	\$1,099,346	\$3,452,177	\$69,401,337	\$400,893	\$83,926,445
Oct-09	N/A	N/A	N/A	N/A	\$10,025,491	\$1,273,213	\$3,903,862	\$73,349,174	\$437,034	\$88,988,773

INCURRED Rx CLAIMS (no Med) by PLAN:

	Commonwealth									
Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
2005	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$0	\$0	\$0	\$0	\$549,273	\$182,825,330
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$70	\$460	\$3,784	\$977,662	\$237,128,711
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$1,366	\$0	\$9,536	\$484,891	\$263,756,765
2008	\$113,905,555	\$974,330	\$180,377,939	\$1,928,059	\$11,826	\$2,371	\$3,722	\$83,379	\$602,641	\$297,889,821
Jan-09	\$15,333	\$11	\$39,805	\$2,289	\$2,657,688	\$293,458	\$67,473	\$20,879,458	\$68,039	\$24,023,554
Feb-09	\$0	\$0	\$0	\$0	\$2,630,543	\$274,410	\$196,621	\$20,493,027	\$54,840	\$23,649,441
Mar-09	\$0	\$0	\$0	\$0	\$3,128,260	\$299,051	\$352,241	\$23,106,043	\$53,235	\$26,938,831
Apr-09	\$0	\$0	\$0	\$0	\$2,856,806	\$329,472	\$463,965	\$21,669,838	\$41,459	\$25,361,539
May-09	\$0	\$0	\$0	\$0	\$2,858,459	\$301,408	\$557,221	\$21,496,265	\$48,043	\$25,261,396
Jun-09	\$0	\$0	\$0	\$0	\$3,032,258	\$302,527	\$664,272	\$21,916,129	\$63,903	\$25,979,089
Jul-09	\$0	\$0	\$0	\$0	\$2,971,052	\$280,760	\$719,810	\$22,118,745	\$48,692	\$26,139,058
Aug-09	\$0	\$0	\$0	\$0	\$2,974,579	\$294,584	\$761,132	\$22,109,137	\$61,623	\$26,201,056
Sep-09	\$0	\$0	\$0	\$0	\$3,006,448	\$295,524	\$874,380	\$22,400,416	\$49,611	\$26,626,379
Oct-09	\$0	\$0	\$0	\$0	\$3,189,342	\$311,307	\$937,701	\$23,926,604	\$51,865	\$28,416,820

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,530,865	\$179,343,850	\$138,998,642	\$490,408,617	\$3,592,647	\$950,874,621
Jan-09	\$10,793,872	\$13,837,230	\$12,370,076	\$38,663,686	\$211,510	\$75,876,374
Feb-09	\$11,538,325	\$14,154,866	\$11,199,885	\$37,746,446	\$189,212	\$74,828,734
Mar-09	\$12,477,950	\$16,315,667	\$12,430,235	\$43,307,523	\$325,888	\$84,857,263
Apr-09	\$13,341,924	\$15,861,872	\$11,161,776	\$42,357,685	\$449,957	\$83,173,213
May-09	\$11,439,452	\$14,982,397	\$10,610,051	\$40,146,661	\$349,485	\$77,528,045
Jun-09	\$13,025,757	\$17,615,691	\$12,678,090	\$47,078,111	\$343,586	\$90,741,235
Jul-09	\$12,595,100	\$17,320,370	\$13,746,427	\$47,711,229	\$498,664	\$91,871,790
Aug-09	\$12,223,876	\$16,120,135	\$11,929,354	\$41,273,359	\$304,071	\$81,850,795
Sep-09	\$12,824,308	\$16,220,061	\$12,072,246	\$42,408,936	\$400,893	\$83,926,445
Oct-09	\$11,965,680	\$18,004,045	\$12,688,035	\$45,894,074	\$436,940	\$88,988,773

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,557,010	\$54,563,076	\$34,743,899	\$159,452,624	\$573,213	\$297,889,821
Jan-09	\$3,995,984	\$4,206,100	\$2,817,447	\$12,938,680	\$65,342	\$24,023,554
Feb-09	\$3,878,073	\$4,295,682	\$2,835,166	\$12,591,588	\$48,932	\$23,649,441
Mar-09	\$4,381,035	\$4,886,482	\$3,354,945	\$14,267,446	\$48,923	\$26,938,831
Apr-09	\$4,205,062	\$4,630,255	\$2,918,812	\$13,568,769	\$38,642	\$25,361,539
May-09	\$4,180,027	\$4,717,032	\$2,822,963	\$13,500,330	\$41,043	\$25,261,396
Jun-09	\$4,352,304	\$4,778,472	\$2,890,761	\$13,900,547	\$57,005	\$25,979,089
Jul-09	\$4,383,003	\$4,839,036	\$2,932,828	\$13,938,343	\$45,849	\$26,139,058
Aug-09	\$4,282,345	\$5,024,968	\$2,970,964	\$13,869,241	\$53,537	\$26,201,056
Sep-09	\$4,280,798	\$5,216,749	\$3,142,609	\$13,939,532	\$46,691	\$26,626,379
Oct-09	\$4,605,399	\$5,674,052	\$3,452,888	\$14,636,069	\$48,413	\$28,416,820

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for Jan-Oct 2009.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	69.1	79.71	-13.31%	3.8	4.03	-5.78%	262.65	311.25	-15.61%
Maximum Choice	53.64	65.76	-18.43%	3.76	4.09	-8.07%	201.73	242.34	-16.75%
Optimum PPO	92.47	76.18	21.38%	4	4.31	-7.27%	369.61	303.64	21.72%
Standard PPO	77.43	74.49	3.95%	4.64	4.65	-0.27%	359.44	299.72	19.92%
Total	73.16	74.04	-1.18%	4.05	4.27	-5.15%	298.36	289.24	3.15%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	7,462.20	8,142.61	-8.36%	182.81	217.79	-16.06%
Maximum Choice	5,814.60	6,767.61	-14.08%	171.34	218.05	-21.42%
Optimum PPO	9,714.20	8,040.62	20.81%	243.75	215.51	13.11%
Standard PPO	5,272.51	7,775.84	-32.19%	231.31	214.19	7.99%
Total	7,065.88	7,681.67	-8.46%	207.30	216.39	-4.10%

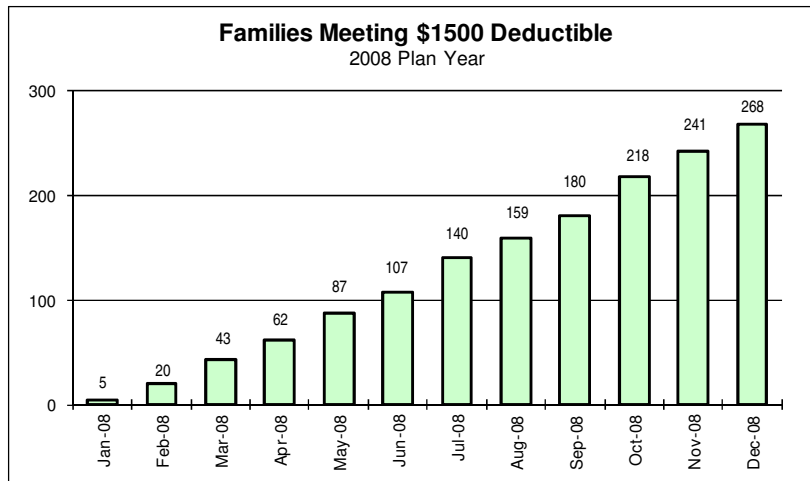
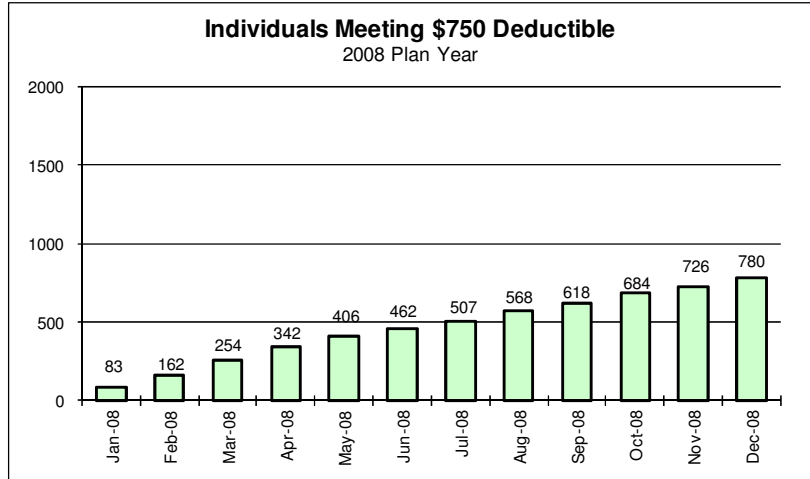
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Capitol Choice	7,913.54	7,127.37	11.03%	2,716.73	2,345.48	15.83%
Maximum Choice	5,821.75	5,479.35	6.25%	1,806.92	1,670.97	8.14%
Optimum PPO	10,558.79	6,827.31	54.66%	3,510.14	2,292.18	53.14%
Standard PPO	6,222.89	6,716.13	-7.34%	2,075.02	2,168.05	-4.29%
Total	7,629.24	6,537.54	16.15%	2,527.20	2,119.17	18.21%

*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

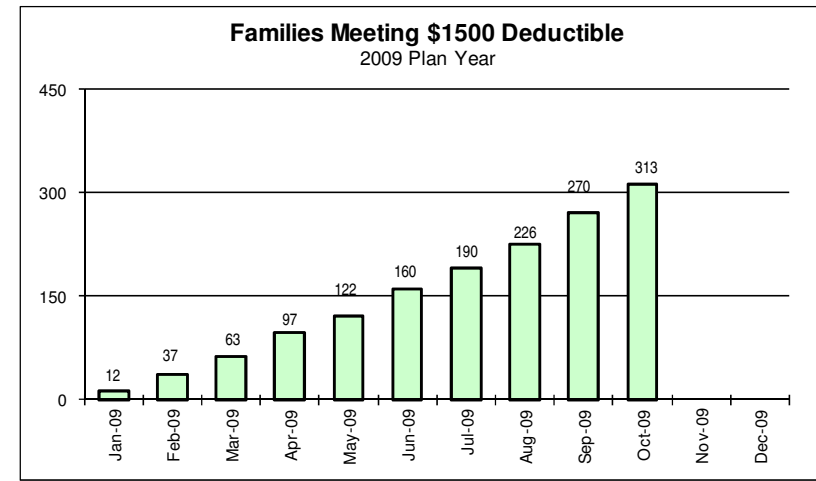
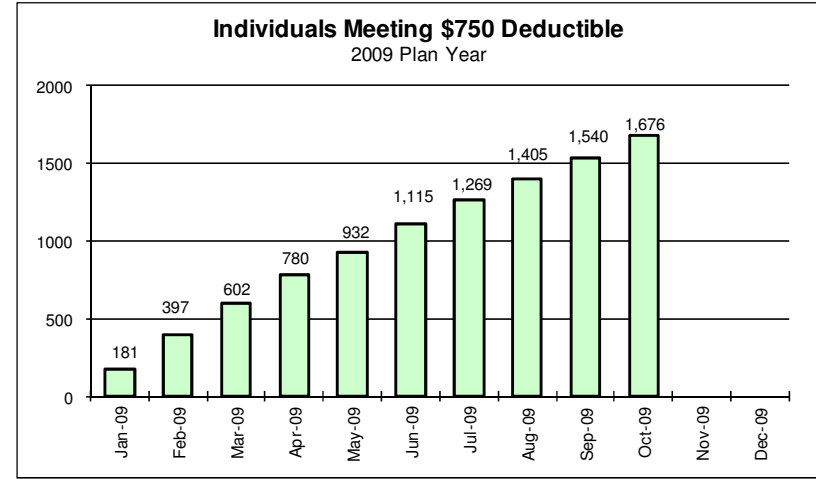
Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



Individuals and Families in Essential Plan

2005:	18.58%	of Individuals and	11.69%	of Families met their Deductibles.
2006:	22.14%	of Individuals and	16.35%	of Families met their Deductibles.
2007:	22.41%	of Individuals and	17.70%	of Families met their Deductibles.
2008:	24.25%	of Individuals and	19.28%	of Families met their Deductibles.

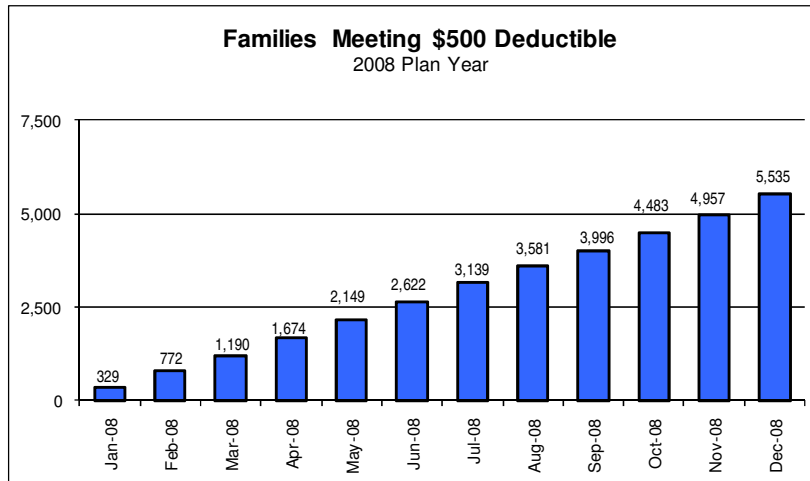
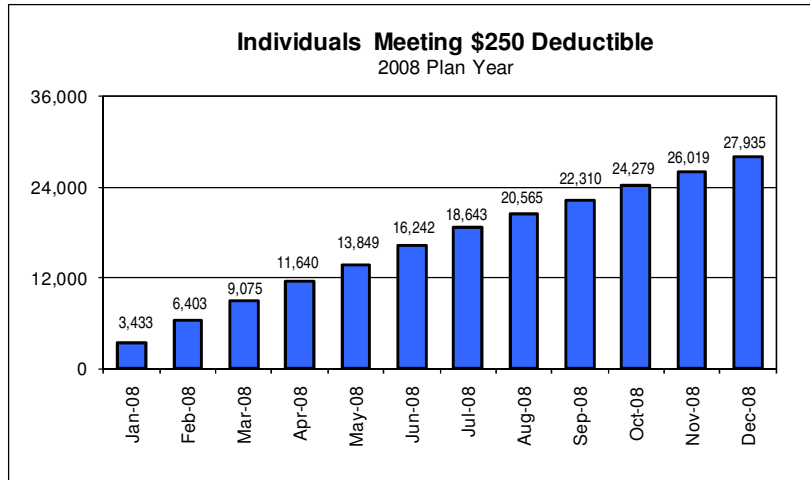
Individuals and Families in Standard PPO Plan

2009	27.66%	of Individuals and	7.32%	of Families met their Deductibles.

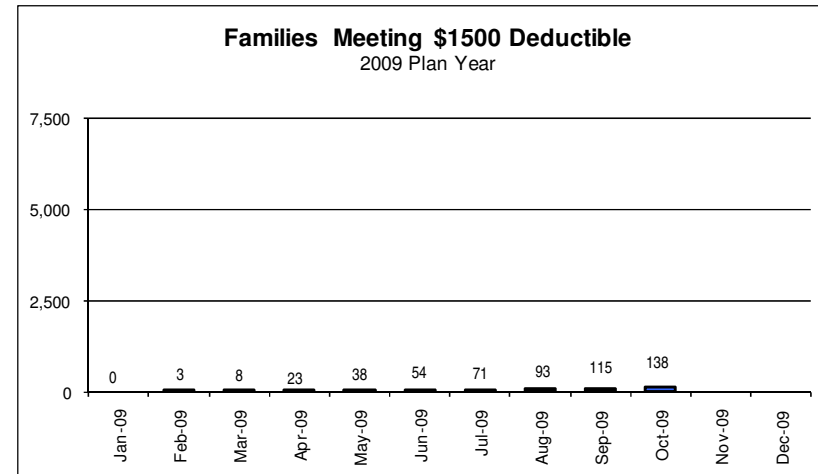
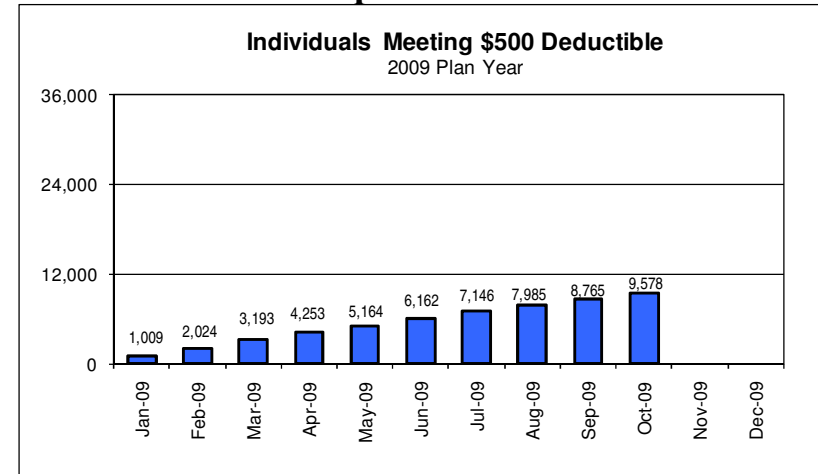
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Enhanced



Capitol Choice



Individuals and Families in Enhanced Plan

2005:	19.30%	of Individuals and	4.64%	of Families met their Deductibles.
2006:	21.52%	of Individuals and	7.23%	of Families met their Deductibles.
2007:	21.31%	of Individuals and	6.45%	of Families met their Deductibles.
2008:	21.95%	of Individuals and	6.69%	of Families met their Deductibles.

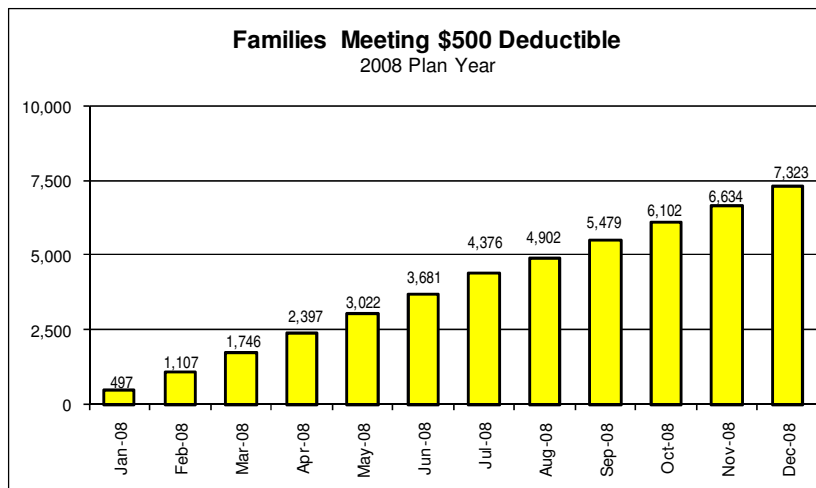
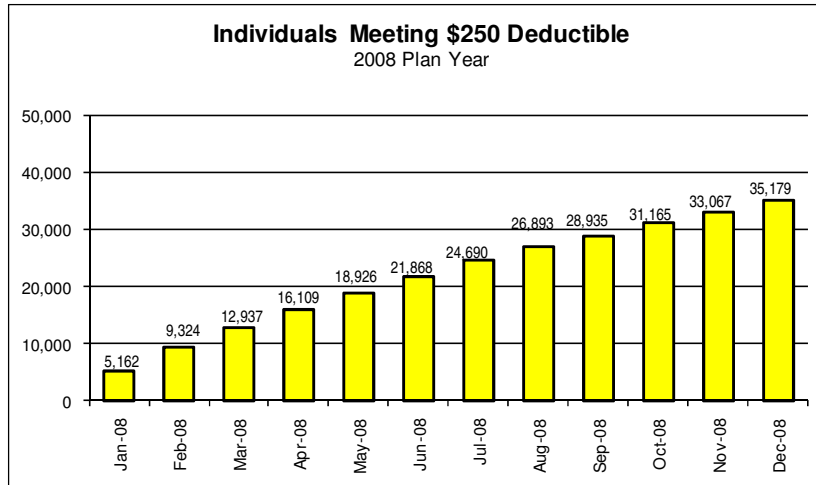
Individuals and Families in Capitol Choice Plan

2009:	24.22%	of Individuals and	0.44%	of Families met their Deductibles.

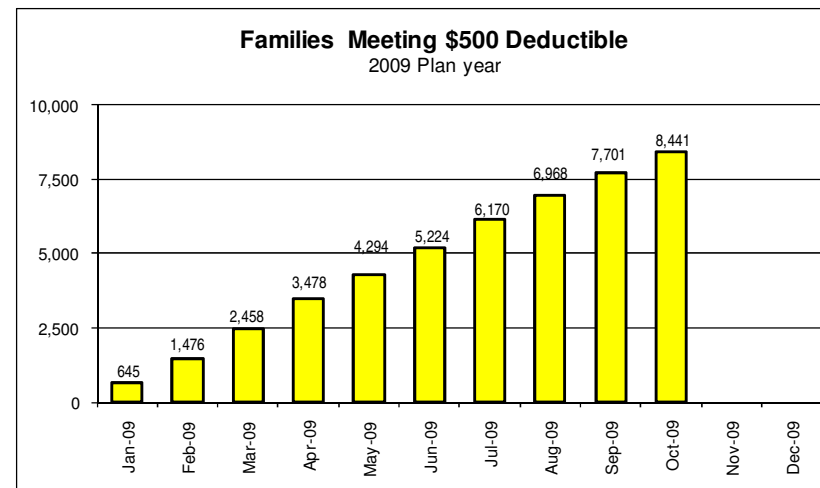
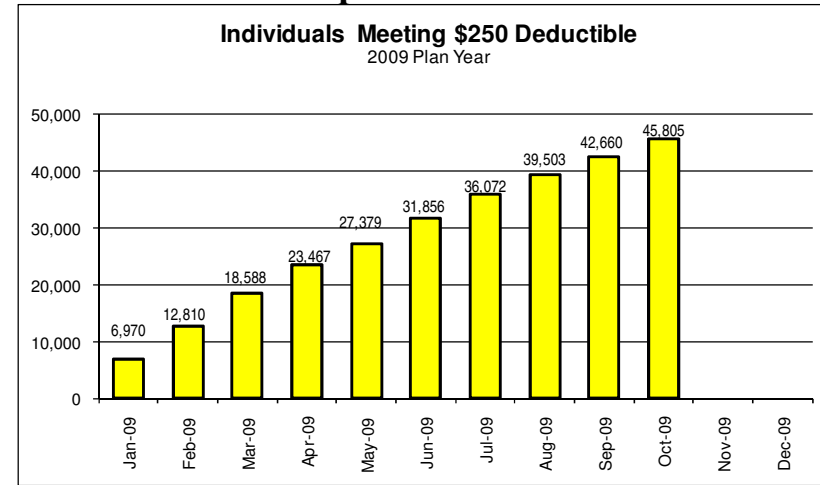
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Premier



Optimum PPO



Individuals and Families in Premier Plan

2005:	27.80%	of Individuals and	6.72%	of Families met their Deductibles.
2006:	30.15%	of Individuals and	9.95%	of Families met their Deductibles.
2007:	30.04%	of Individuals and	8.93%	of Families met their Deductibles.
2008:	30.52%	of Individuals and	9.07%	of Families met their Deductibles.

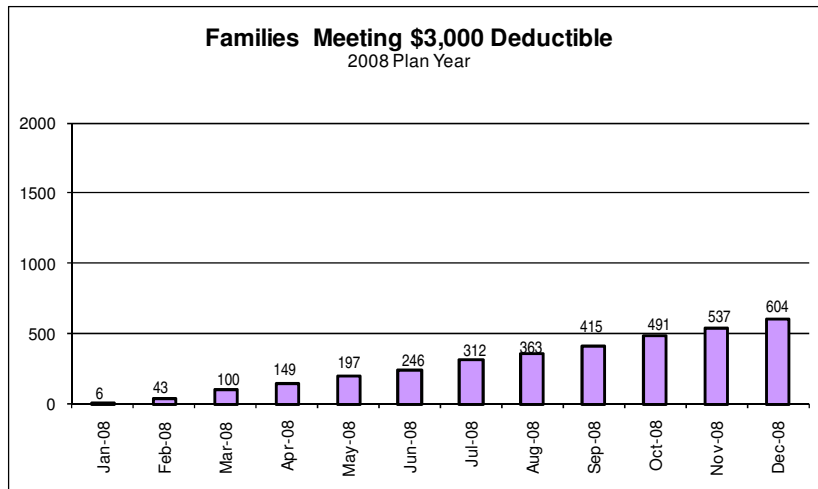
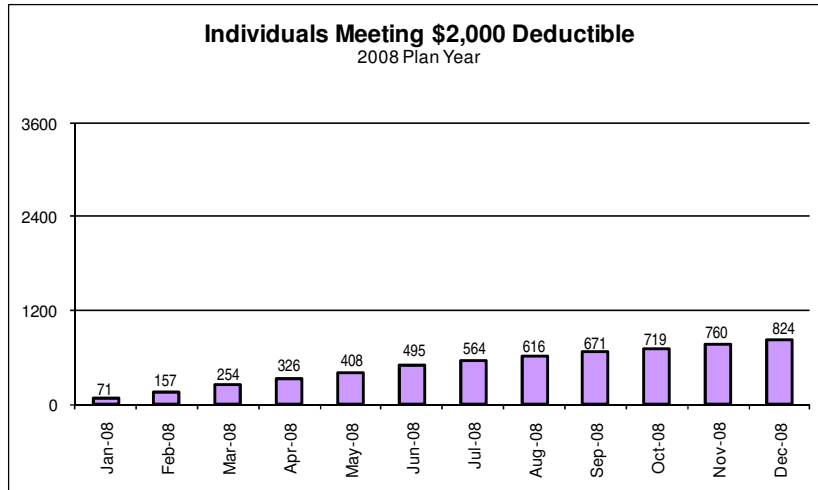
Individuals and Families in Optimum PPO Plan

2009:	24.09%	of Individuals and	7.14%	of Families met their Deductibles.
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Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



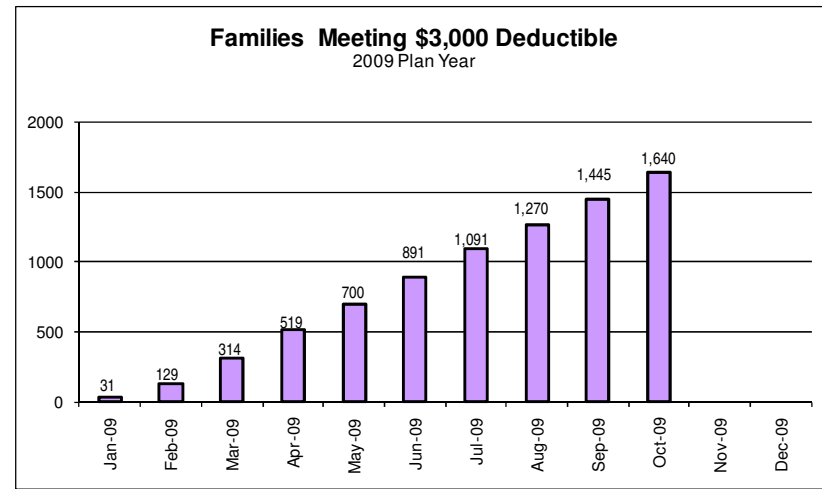
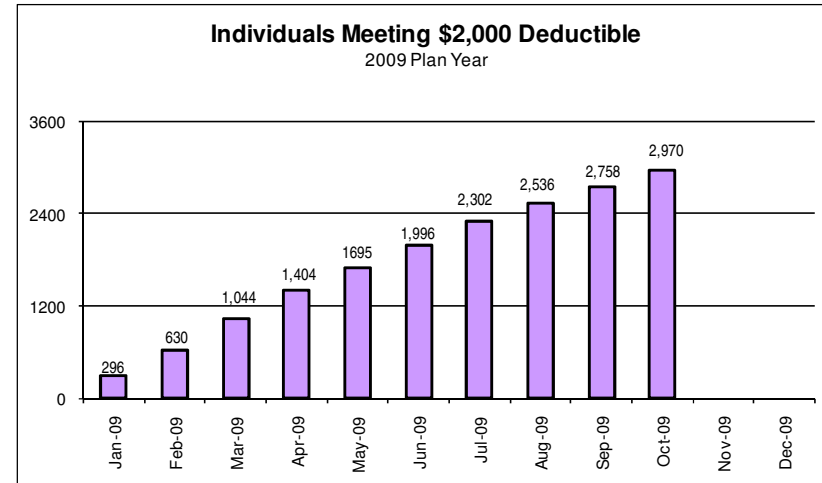
Individuals and Families in Select Plan

2007: **11.72%** of Individuals and **18.50%** of Families met their Deductibles.

2008: **12.79%** of Individuals and **20.00%** of Families met their Deductibles.

Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals

Maximum Choice



Individuals and Families in Maximum Choice Plan

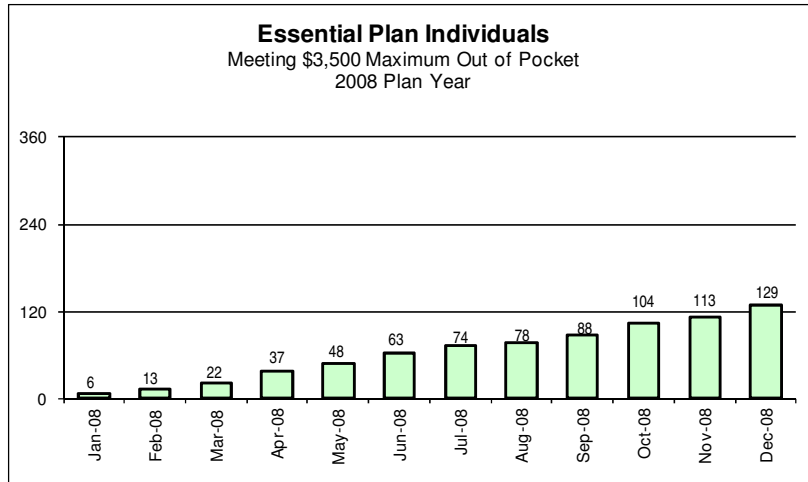
2007: **13.10%** of Individuals and **13.17%** of Families met their Deductibles.

Note: For the Maximum Choice Plan only, prescription drug coinsurance amounts are included in MOP totals

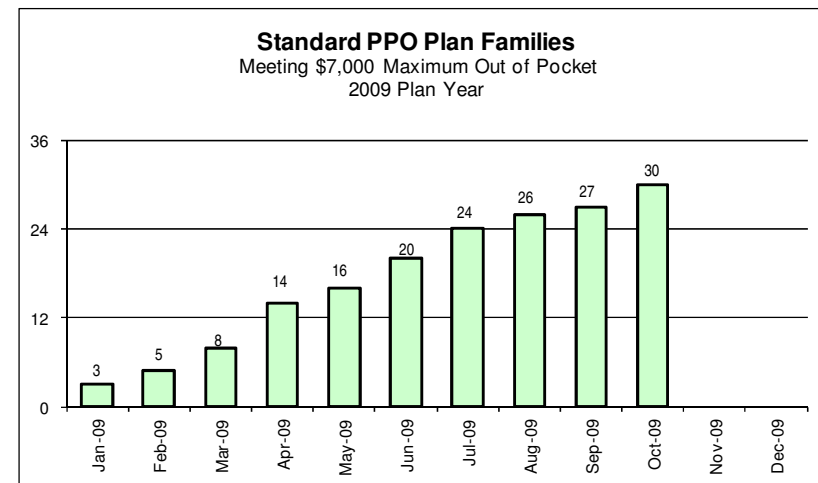
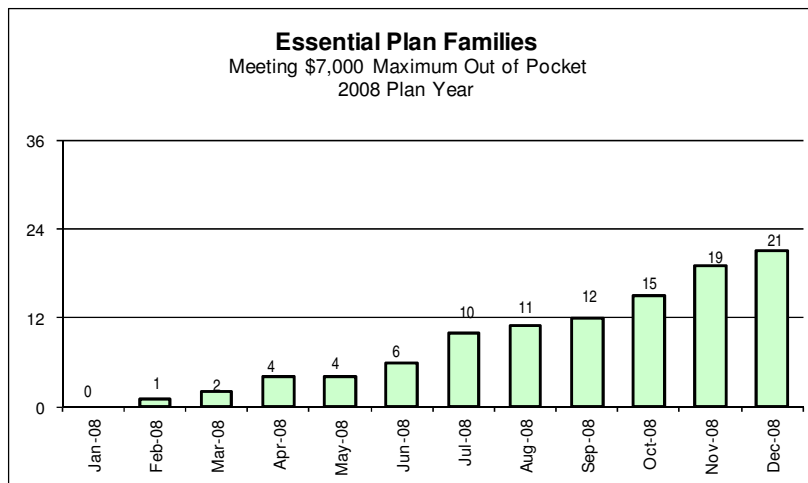
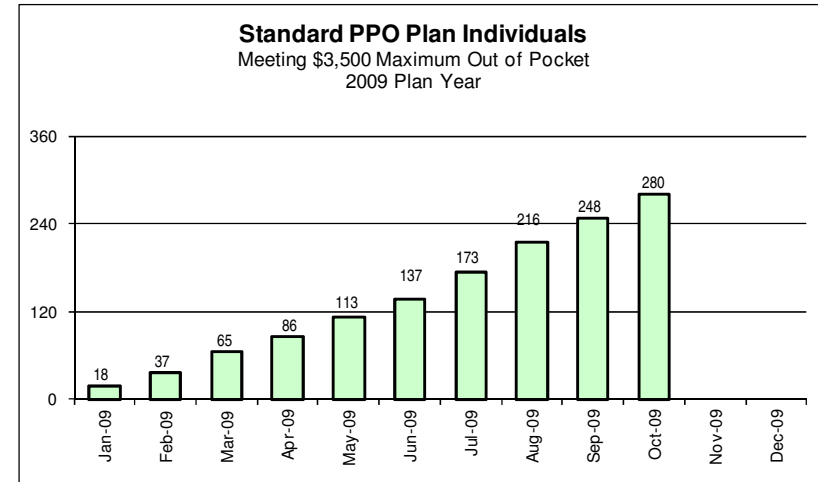
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



Individuals and Families in Essential Plan

2005:	1.14%	of Individuals and	0.22%	of Families met their Deductibles.
2006:	2.96%	of Individuals and	1.08%	of Families met their Deductibles.
2007:	3.30%	of Individuals and	1.16%	of Families met their Deductibles.
2008:	4.01%	of Individuals and	1.51%	of Families met their Deductibles.

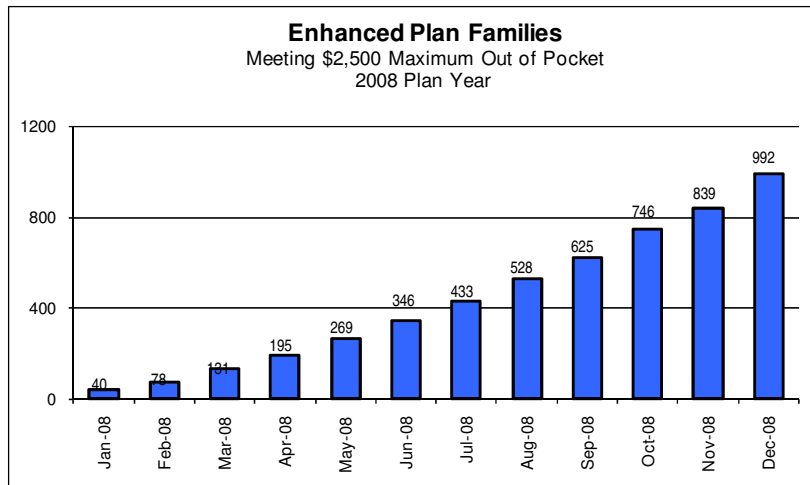
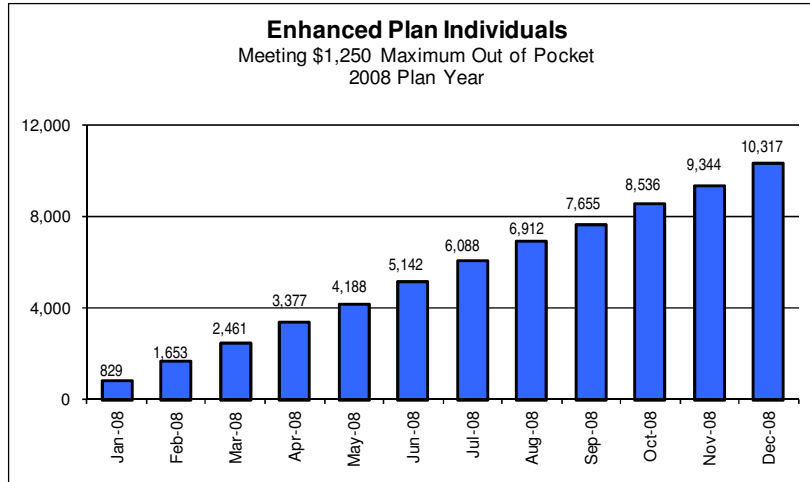
Individuals and Families in Standard PPO Plan

2009:	4.62%	of Individuals and	0.70%	of Families met their Deductibles.

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

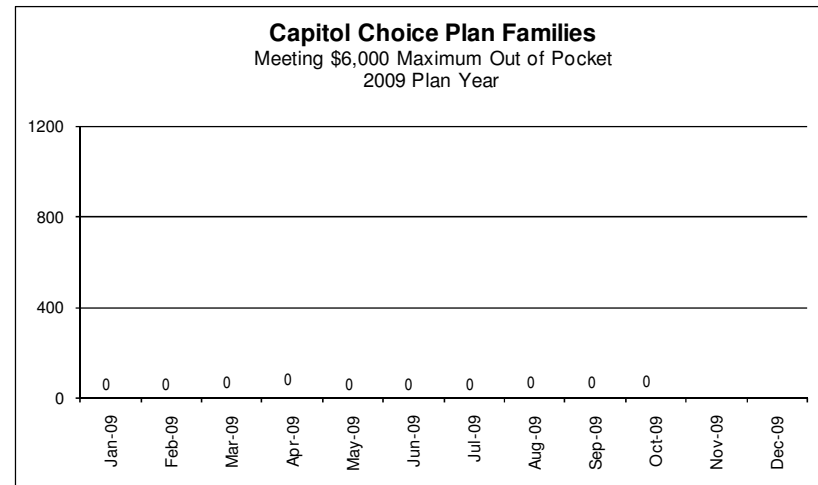
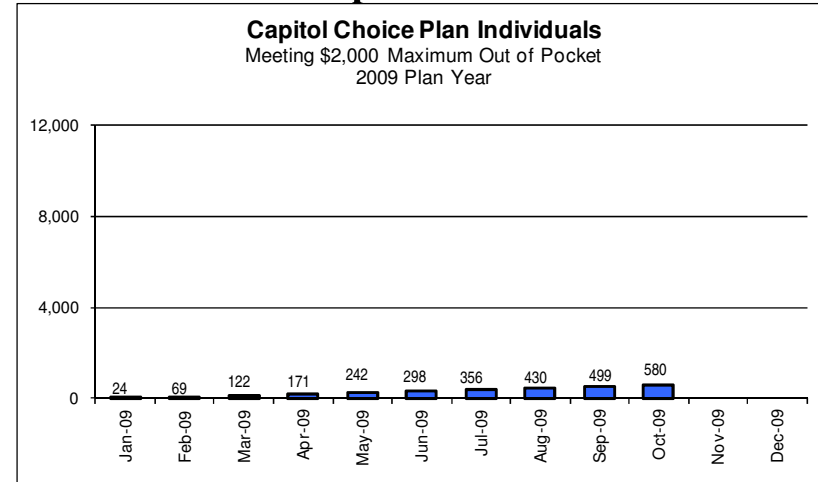
Commonwealth Enhanced



Individuals and Families in Enhanced Plan

2005:	3.33%	of Individuals and	0.31%	of Families met their Deductibles.
2006:	5.80%	of Individuals and	0.94%	of Families met their Deductibles.
2007:	7.48%	of Individuals and	1.00%	of Families met their Deductibles.
2008:	8.11%	of Individuals and	1.20%	of Families met their Deductibles.

Capitol Choice



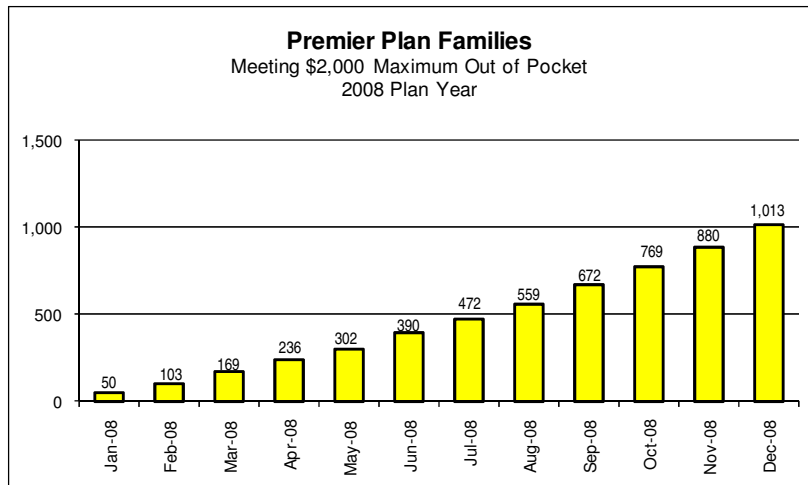
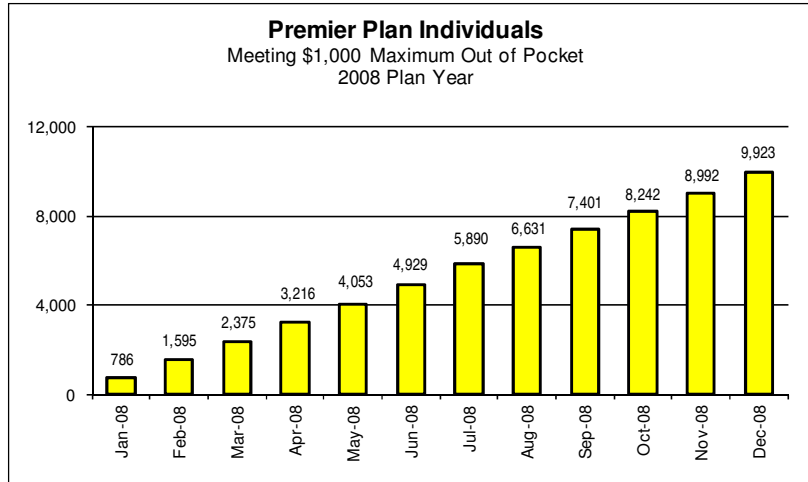
Individuals and Families in Capitol Choice Plan

2005:	1.47%	of Individuals and	0.00%	of Families met their Deductibles.

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

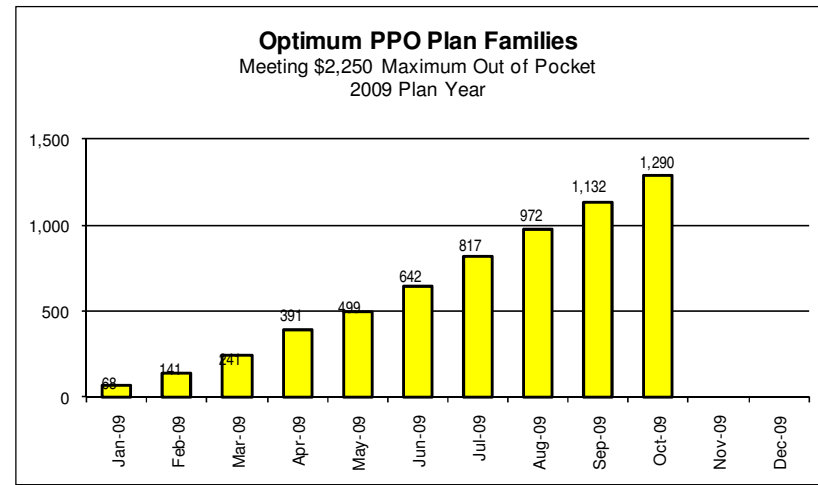
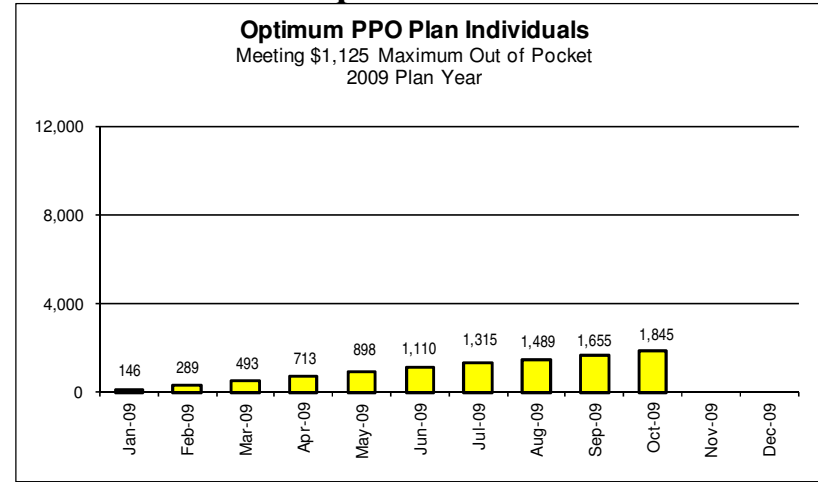
Commonwealth Premier



Individuals and Families in Premier Plan

2005:	3.38%	of Individuals and	0.54%	of Families met their Deductibles.
2006:	6.70%	of Individuals and	1.17%	of Families met their Deductibles.
2007:	7.78%	of Individuals and	1.20%	of Families met their Deductibles.
2008:	8.61%	of Individuals and	1.25%	of Families met their Deductibles.

Optimum PPO



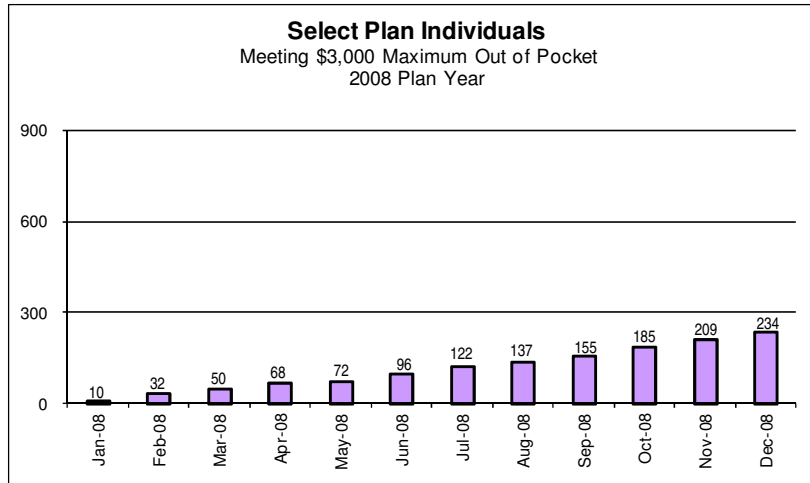
Individuals and Families in Premier Plan

2009:	0.97%	of Individuals and	1.09%	of Families met their Deductibles.

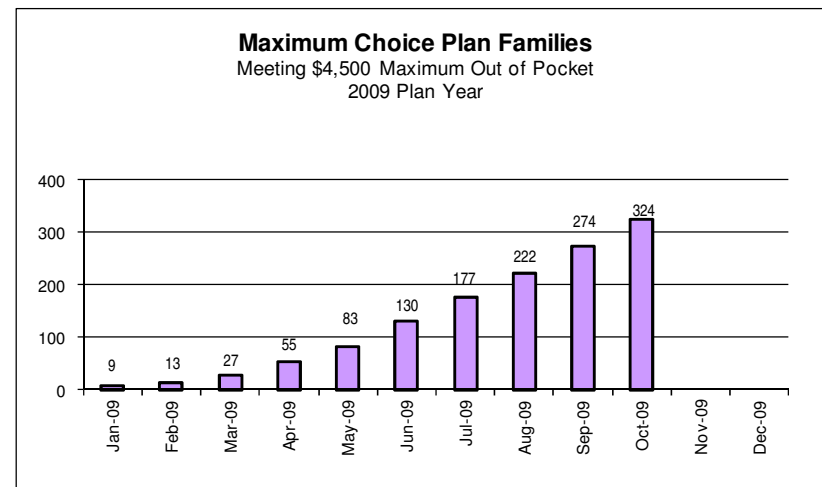
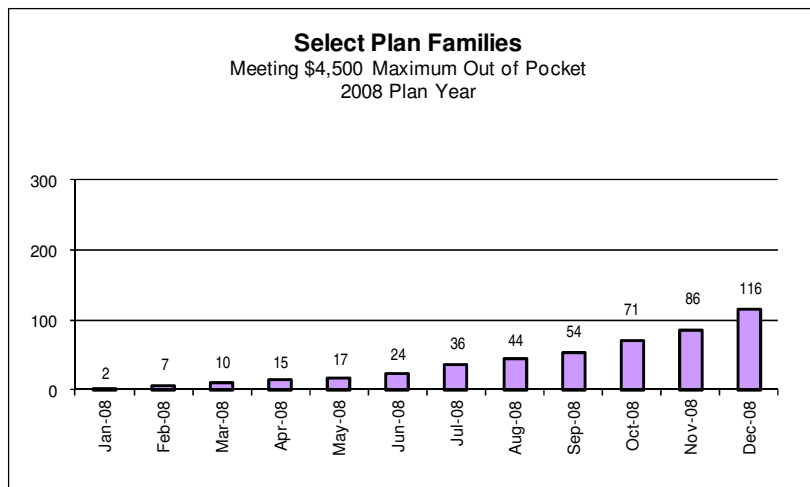
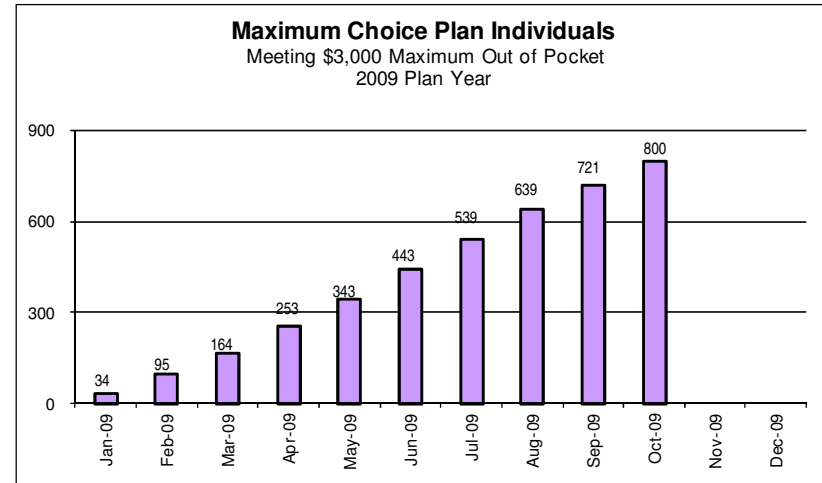
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



Maximum Choice



Individuals and Families in Select Plan

2007:	3.01%	of Individuals and	2.61%	of Families met their Deductibles.
2008:	3.63%	of Individuals and	3.84%	of Families met their Deductibles.

Individuals and Families in Maximum Choice Plan

2009:	3.53%	of Individuals and	2.60%	of Families met their Deductibles.

Premium (or Premium Equivalent)

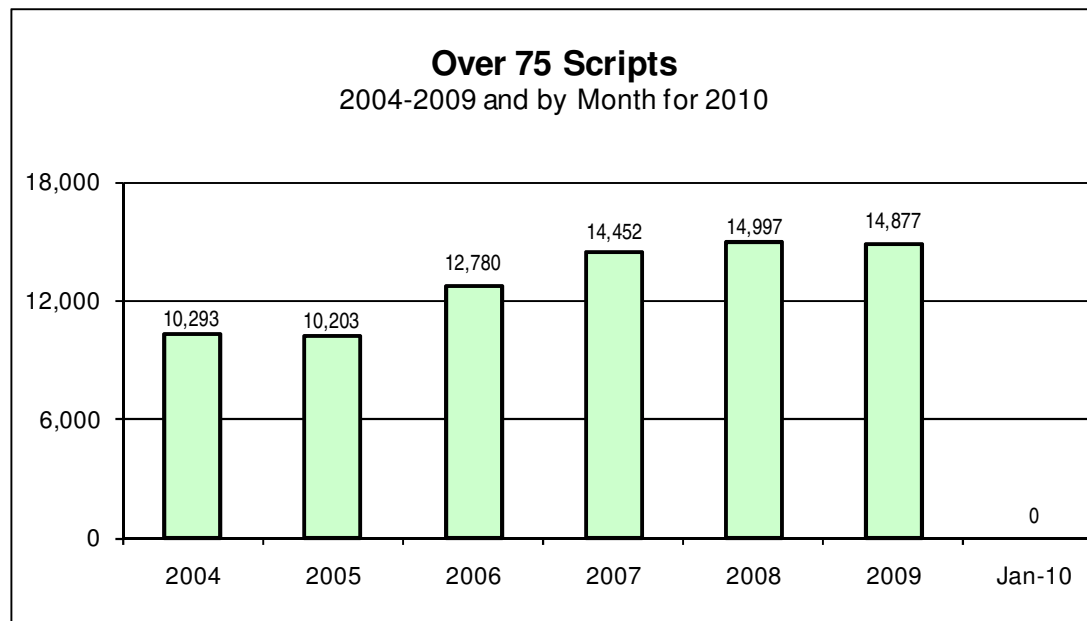
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2004-2008 and monthly through 2009.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$143,746,542	\$808,691,861	\$952,438,403
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$153,512,327	\$892,677,935	\$1,046,190,262
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
Jan-10	\$18,786,789	\$110,921,127	\$129,707,916

*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2008 and by month for 2009. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$40 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2009:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	94,018	322,473	2.79	\$59.43	\$19,165,462
over 75	0	0	0.00	\$0.00	\$0.00
Total	94,018	322,473	3	59	19,165,462

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Feb-09	256,470	21,617	101,002	10,783	389,872	65.78%	92.23%
Mar-09	344,553	29,152	134,215	15,348	523,268	65.85%	92.20%
Apr-09	260,728	22,101	99,712	11,535	394,076	66.16%	92.19%
May-09	255,941	18,540	100,156	11,400	386,037	66.30%	93.25%
Jun-09	325,673	20,131	131,545	15,379	492,728	66.10%	94.18%
Jul-09	248,926	14,185	100,782	12,144	376,037	66.20%	94.61%
Aug-09	254,566	14,189	102,123	12,605	383,483	66.38%	94.72%
Sep-09	333,351	18,246	133,737	18,565	503,899	66.15%	94.81%
Oct-09	275,517	15,336	111,615	15,366	417,834	65.94%	94.73%
Nov-09	281,841	15,513	111,415	16,722	425,491	66.24%	94.78%
Dec-09	342,189	18,188	127,864	19,526	507,767	67.39%	94.95%
Jan-10	274,601	14,635	101,442	14,897	405,575	67.71%	94.94%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Nov-08	253,584	163,789	416,251	1.63	3.02	\$70.09	\$60.78	\$15.27	\$23.65
Dec-08	253,976	164,512	462,443	1.81	3.26	\$71.40	\$62.21	\$16.73	\$25.83
Jan-09	254,764	159,959	416,288	1.62	3.05	\$70.89	\$57.71	\$21.54	\$34.31
Feb-09	255,233	161,988	407,472	1.59	2.96	\$70.84	\$58.04	\$20.44	\$32.20
Mar-09	255,966	171,263	463,452	1.80	3.15	\$70.58	\$58.13	\$22.55	\$33.70
Apr-09	256,288	164,724	427,292	1.66	3.07	\$71.51	\$59.35	\$20.27	\$31.53
May-09	256,558	162,301	423,261	1.64	3.06	\$71.62	\$59.68	\$19.69	\$31.12
Jun-09	256,758	163,040	422,077	1.63	3.10	\$73.33	\$61.55	\$19.36	\$30.48
Jul-09	256,600	163,872	420,447	1.63	3.11	\$73.68	\$62.17	\$18.86	\$29.54
Aug-09	256,661	164,226	422,926	1.63	3.07	\$73.27	\$61.95	\$18.65	\$29.14
Sep-09	256,192	170,555	434,698	1.68	3.08	\$72.39	\$61.25	\$18.90	\$28.38
Oct-09	260,217	176,225	459,122	1.75	3.13	\$72.99	\$61.89	\$19.59	\$28.92

***"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred Jan-Oct 2009

Rank	Prev Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single source brand	Gastrointestinal Drugs	\$8,691,073.39	100.00%	45,128	\$5.23	8,050
2	2	CRESTOR	Single source brand	Cardiovascular Agents	\$5,746,715.69	100.00%	52,015	\$2.93	9,731
3	3	SINGULAIR	Single source brand	Respiratory Tract Agents	\$5,585,831.98	100.00%	52,004	\$2.98	11,330
4	4	ENBREL	Single source brand	Immunosuppressants	\$4,829,895.29	100.00%	2,205	\$61.87	424
5	5	HUMIRA	Multisource brand, generic	Immunosuppressants	\$4,231,283.28	100.00%	1,953	\$60.89	377
6	7	PLAVIX	Multisource brand, generic	Blood Form/Coagul Agents	\$4,215,138.37	100.00%	28,000	\$4.09	4,617
7	6	EFFEXOR-XR	Single source brand	Central Nervous System	\$4,158,635.79	100.00%	24,886	\$4.76	4,043
8	8	CYMBALTA	Single source brand	Central Nervous System	\$4,110,838.54	100.00%	26,289	\$4.55	4,774
9	9	ACTOS	Single source brand	Hormones & Synthetic Subst	\$3,770,469.76	100.00%	17,851	\$5.61	3,131
10	10	PANTOPRAZOLE SODIUM	Single source generic	Gastrointestinal Drugs	\$3,271,931.78	0.00%	27,153	\$3.36	4,995
11	11	LIPITOR	Single source brand	Cardiovascular Agents	\$3,163,144.49	100.00%	27,684	\$2.97	5,067
12	12	COPAXONE	Single source brand	Misc Therapeutic Agents	\$2,843,062.09	100.00%	911	\$81.71	165
13	13	PREVACID	Single source brand	Gastrointestinal Drugs	\$2,698,150.33	100.00%	14,634	\$4.92	3,397
14	14	TRICOR	Single source brand	Cardiovascular Agents	\$2,530,344.90	100.00%	22,728	\$2.93	4,174
15	15	LEXAPRO	Multisource brand, generic	Central Nervous System	\$2,528,013.56	100.00%	30,429	\$2.38	5,728
16	16	ABILIFY	Single source brand	Central Nervous System	\$2,341,228.70	100.00%	5,191	\$13.50	1,300
17	19	LEVAQUIN	Single source brand	Anti-Infective Agents	\$2,056,399.58	98.73%	18,429	\$12.99	14,159
18	17	BETASERON	Single source brand	Antineoplastic Agents	\$2,054,558.66	100.00%	596	\$83.61	109
19	20	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$1,984,213.25	100.00%	10,646	\$5.13	1,902
20	21	ADVAIR DISKUS 250/50	Single source brand	Hormones & Synthetic Subst	\$1,978,820.75	100.00%	9,889	\$5.66	3,194
21	22	CELEBREX	Single source brand	Central Nervous System	\$1,951,502.26	100.00%	12,960	\$4.01	2,892
22	18	TOPAMAX	Multisource brand, generic	Central Nervous System	\$1,859,868.07	100.00%	6,117	\$8.86	2,479
23	24	LANTUS	Single source brand	Hormones & Synthetic Subst	\$1,699,117.85	100.00%	9,236	\$5.38	1,939
24	25	DIOVAN HCT	Single source brand	Cardiovascular Agents	\$1,698,247.21	100.00%	19,369	\$2.29	3,194
25	23	LYRICA	Single source brand	Central Nervous System	\$1,690,228.62	100.00%	11,217	\$4.69	2,263

***"Product Name" includes all strengths/formulations of a drug*

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 12.61% of total scripts and 31.88% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$82,452,378	541,939	19,218,865
All Product Names	\$258,597,163	4,297,035	126,198,012
Top Drugs as Pct of All Drugs	31.88%	12.61%	15.23%

Utilization

The top 25 clinical conditions based on incurred claims for Jan-Oct 2009.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$49,991,098	\$8,133,548	\$41,177,057	2.58	9.01	393.17	14.05	74,207	\$673.67
2	2	Prevent/Admin Hlth Encounters	\$39,560,059	\$222,655	\$39,178,293	0.04	9.63	775.11	0.61	137,949	\$286.77
3	3	Coronary Artery Disease	\$36,016,962	\$21,912,307	\$14,086,587	4.47	3.52	64.54	2.51	8,247	\$4,367.28
4	4	Osteoarthritis	\$33,488,327	\$21,310,040	\$12,116,673	4.13	3.03	215.66	0.65	20,332	\$1,647.07
5	5	Gastroint Disord, NEC	\$31,738,651	\$5,804,240	\$25,922,049	2.17	4.19	160.76	17.9	33,033	\$960.82
6	6	Respiratory Disord, NEC	\$29,608,147	\$7,966,085	\$21,597,865	1.37	3.56	115.61	12.47	27,836	\$1,063.66
7	7	Spinal/Back Disord, Low Back	\$24,176,920	\$6,631,590	\$17,495,811	1.11	3.27	614.49	6.27	29,374	\$823.07
8	8	Arthropathies/Joint Disord NEC	\$23,275,889	\$1,513,113	\$21,672,690	0.47	3.35	452.95	6.89	48,649	\$478.45
9	9	Pregnancy w Vaginal Delivery	\$16,902,147	\$16,809,988	\$92,159	6.5	2.42	0.51	0.02	2,441	\$6,924.27
10	10	Spinal/Back Disord, Ex Low	\$15,885,079	\$3,550,873	\$12,310,744	0.46	3.63	607.47	3.02	22,769	\$697.66
11	11	Chemotherapy Encounters	\$15,579,003	\$3,062,452	\$12,515,850	0.68	3.62	1.35	0	447	\$34,852.36
12	12	Cardiovasc Disord, NEC	\$14,794,562	\$2,839,694	\$11,953,342	1.4	2.88	64.27	7.71	14,826	\$997.88
13	13	Condition Rel to Tx - Med/Surg	\$14,253,300	\$10,507,964	\$3,732,278	2.46	5.59	8.19	1.96	3,029	\$4,705.61
14	14	Renal Function Failure	\$14,043,582	\$2,105,716	\$11,732,089	0.44	5.51	17.19	0.38	2,128	\$6,599.43
15	15	Cancer - Breast	\$13,824,632	\$751,695	\$13,015,215	0.38	3.4	46.67	0.02	2,478	\$5,578.95
16	16	Infections - ENT Ex Otitis Med	\$13,217,853	\$317,074	\$12,895,329	0.35	2.26	614.92	9.6	85,535	\$154.53
17	17	Cholecystitis/Cholelithiasis	\$12,574,815	\$3,167,481	\$9,406,717	1.27	3.55	7.35	1.49	2,436	\$5,162.08
18	18	Newborns, w/wo Complication	\$11,598,286	\$11,053,176	\$540,651	10.25	3.34	5.13	0.13	2,838	\$4,086.78
19	19	Infec/Inflam - Skin/Subcu Tiss	\$11,328,645	\$2,671,206	\$8,621,262	1.53	4.32	285.46	6.21	42,687	\$265.39
20	20	Gynecological Disord, NEC	\$10,376,638	\$937,385	\$9,436,491	0.46	2.24	96.17	1.5	21,693	\$478.34
21	21	ENT Disorders, NEC	\$9,957,976	\$261,226	\$9,691,458	0.15	2.84	708.92	2.74	36,840	\$270.30
22	23	Diabetes	\$9,687,943	\$1,801,562	\$7,840,183	0.79	4.92	214.79	1.47	21,811	\$444.18
23	22	Hypertension, Essential	\$9,540,763	\$1,439,493	\$8,042,919	0.64	3.38	323.64	1.86	46,058	\$207.15
24	24	Cardiac Arrhythmias	\$9,411,546	\$3,616,052	\$5,791,176	1.23	2.76	44.89	1.99	5,647	\$1,666.65
25	25	Hernia/Reflux Esophagitis	\$9,410,217	\$2,042,549	\$7,362,262	0.79	3.46	54.77	1.14	11,554	\$814.46

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 57.61% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$480,243,041	\$140,429,164	\$338,227,149	46.1	3.74	5,893.98	102.6
All Clinical Conditions	\$833,642,667	\$242,601,967	\$587,998,262	87.5	3.95	8,937.54	228.19
Top Clinical Conditions as Pct of All Clinical Conditions	57.61%	57.88%	57.52%	52.68%	94.56%	65.95%	44.96%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Oct 2009.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	491	41.8	51.12%	72.51%	91.24%
Commonwealth Essential	4	5	100.00%	100.00%	100.00%
Commonwealth Premier	841	40.7	67.78%	83.35%	88.35%
Commonwealth Select	50	90.8	10.00%	38.00%	72.00%
Capitol Choice	899,768	18	86.82%	94.82%	97.19%
Maximum Choice	386,164	18.9	86.02%	94.04%	96.68%
Optimum PPO	5,820,304	18.9	85.67%	94.23%	96.93%
Standard PPO	112,438	24.7	78.50%	90.75%	94.82%
~Missing	17,268	41	55.30%	80.32%	90.42%
All Plans	7,237,328	19	85.64%	94.20%	96.90%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09
Nov-08	\$3,390,401.92	\$1,275,266.72	\$722,632.21	\$231,705.90	\$155,966.86	\$383,408.71
Dec-08	\$9,022,659.66	\$2,221,485.30	\$1,774,533.05	\$467,075.90	\$434,738.87	\$1,882.60
Jan-09	\$35,914,337.01	\$6,825,284.71	\$2,618,893.64	\$1,095,903.87	\$967,965.92	\$138,534.54
Feb-09	\$50,494,225.14	\$37,683,975.33	\$5,857,474.36	\$2,335,048.69	\$755,743.70	\$604,791.40
Mar-09	N/A	\$62,805,356.22	\$37,708,122.31	\$5,957,587.88	\$3,192,095.40	\$1,122,431.15
Apr-09	N/A	N/A	\$58,384,095.65	\$39,848,044.22	\$6,007,258.59	\$2,199,903.14
May-09	N/A	N/A	N/A	\$54,598,166.53	\$37,880,627.10	\$6,511,603.91
Jun-09	N/A	N/A	N/A	N/A	\$62,173,844.14	\$44,917,386.01
Jul-09	N/A	N/A	N/A	N/A	N/A	\$63,517,173.38
Aug-09	N/A	N/A	N/A	N/A	N/A	N/A
Sep-09	N/A	N/A	N/A	N/A	N/A	N/A
Oct-09	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Service Month	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10
Nov-08	\$233,013.98	\$117,173.63	(\$10,785.70)	(\$12,905.79)	\$203.38	\$15,205.28
Dec-08	\$225,326.89	(\$207,336.41)	(\$8,605.36)	\$1,445.77	\$35,392.63	\$23,901.06
Jan-09	\$528,901.94	\$675,179.51	\$58,664.77	(\$4,702.73)	-\$72,954.01	\$30,583.90
Feb-09	\$323,680.45	\$241,274.42	\$122,696.72	\$52,293.16	(\$17,793.93)	\$24,765.36
Mar-09	\$284,629.57	\$696,836.94	(\$21,163.67)	(\$25,716.70)	(\$81,858.39)	\$157,772.66
Apr-09	\$1,094,590.42	\$404,936.31	\$304,661.20	\$122,664.85	\$2,410.60	\$166,187.33
May-09	\$1,730,126.38	\$581,618.24	\$777,850.11	\$681,358.61	(\$34,275.77)	\$62,366.14
Jun-09	\$5,849,358.88	\$2,232,543.36	\$798,812.78	\$393,612.66	\$85,319.43	\$269,447.26
Jul-09	\$43,608,187.05	\$6,377,666.01	\$2,112,555.62	\$1,292,733.38	\$764,922.06	\$337,610.74
Aug-09	\$57,200,443.35	\$42,071,875.18	\$5,262,986.33	\$1,912,194.21	\$831,219.84	\$773,132.05
Sep-09	N/A	\$61,641,086.33	\$39,647,697.15	\$6,149,945.38	\$2,190,567.39	\$923,527.71
Oct-09	N/A	N/A	\$66,554,932.82	\$39,684,216.34	\$8,197,013.46	\$2,969,430.71

Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan-Oct 2009.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,237	\$9,142,800.78	\$7,388.72	1,274	\$12,419,175.40	\$9,749.71
Ages 1-4	5,271	\$6,829,933.59	\$1,295.83	5,425	\$8,204,373.88	\$1,512.33
Ages 5-9	7,069	\$7,142,106.56	\$1,010.40	7,368	\$9,101,646.31	\$1,235.23
Ages 10-14	7,882	\$10,318,894.26	\$1,309.26	8,262	\$13,045,398.59	\$1,579.00
Ages 15-17	5,027	\$9,301,413.19	\$1,850.25	5,371	\$9,239,269.91	\$1,720.31
Ages 18-19	3,476	\$7,214,084.49	\$2,075.58	3,535	\$4,753,834.84	\$1,344.98
Ages 20-24	7,351	\$16,763,972.06	\$2,280.60	6,402	\$9,038,590.01	\$1,411.86
Ages 25-29	8,666	\$27,879,201.36	\$3,217.23	4,226	\$6,869,060.78	\$1,625.31
Ages 30-34	9,511	\$35,973,924.01	\$3,782.19	5,144	\$11,059,910.55	\$2,150.23
Ages 35-39	11,463	\$42,780,343.48	\$3,732.00	6,112	\$16,108,649.27	\$2,635.40
Ages 40-44	12,361	\$51,476,610.66	\$4,164.61	6,648	\$22,153,826.77	\$3,332.51
Ages 45-49	14,972	\$72,677,582.90	\$4,854.14	8,254	\$34,486,017.32	\$4,178.05
Ages 50-54	18,071	\$104,594,885.90	\$5,787.93	10,466	\$56,820,768.81	\$5,428.87
Ages 55-59	20,576	\$129,761,919.64	\$6,306.59	13,026	\$85,060,144.22	\$6,530.13
Ages 60-64	18,260	\$135,271,850.24	\$7,408.30	12,281	\$96,575,506.53	\$7,863.81
Ages 65-74	1,850	\$14,829,516.27	\$8,016.39	1,327	\$12,635,739.30	\$9,524.19
Ages 75-84	117	\$1,118,308.93	\$9,525.63	102	\$1,402,528.30	\$13,709.95
Ages 85+	8	\$186,550.92	\$23,318.87	1	\$0.00	\$0.00

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005—2008 and year to date for 2009.

Allowed Amount	2005	2006	2007	2008	2009
less than 0.00	90	9	16	23	9
\$0.00 - \$499.99	50,002	54,058	53,891	53,563	58,835
\$500.00 - \$999.99	29,232	32,931	33,830	34,198	36,683
\$1,000.00 - \$1,999.99	35,407	40,360	42,464	42,332	43,719
\$2,000.00 - \$4,999.99	47,471	54,430	56,819	58,563	56,707
\$5,000.00 - \$9,999.99	26,210	30,373	32,271	34,494	30,582
\$10,000.00 - \$14,999.99	9,138	10,608	11,983	13,244	11,452
\$15,000.00 - \$19,999.99	4,055	4,726	5,470	6,339	5,411
\$20,000.00 - \$29,999.99	3,539	4,284	5,050	5,934	4,927
\$30,000.00 - \$49,999.99	2,312	2,844	3,268	3,824	3,389
\$50,000.00 - \$74,999.99	932	1,090	1,306	1,494	1,329
\$75,000.00 - \$99,999.99	390	465	536	592	528
\$100,000.00 - \$149,999.99	299	354	406	502	411
\$150,000.00 - \$199,999.99	116	117	160	192	167
\$200,000.00 - \$249,999.99	57	60	81	83	80
over \$249,999.99	74	99	127	154	118
Total	209,324	236,808	247,678	255,531	254,347

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Nov 2008	253,584	\$104,462,535.70	\$79,162,477.80	\$25,300,057.90	726,436	302,246	416,251
Dec 2008	253,976	\$115,825,379.77	\$87,056,981.40	\$28,768,398.37	785,938	314,556	462,443
Jan 2009	254,764	\$99,899,927.64	\$75,876,373.80	\$24,023,553.84	715,523	289,022	416,288
Feb 2009	255,233	\$98,478,174.80	\$74,828,734.00	\$23,649,440.80	721,371	305,084	407,472
Mar 2009	255,966	\$111,796,093.37	\$84,857,262.68	\$26,938,830.69	820,696	346,910	463,452
Apr 2009	256,288	\$108,534,752.31	\$83,173,213.11	\$25,361,539.20	765,066	328,329	427,292
May 2009	256,558	\$102,789,441.25	\$77,528,045.29	\$25,261,395.96	730,571	297,500	423,261
Jul 2009	256,600	\$118,010,848.24	\$91,871,789.77	\$26,139,058.47	771,973	340,961	420,447
Jun 2009	256,758	\$116,720,324.52	\$90,741,235.16	\$25,979,089.36	761,937	329,493	422,077
Aug 2009	256,661	\$108,051,850.96	\$81,850,795.34	\$26,201,055.62	748,699	315,315	422,926
Sep 2009	256,192	\$110,552,823.96	\$83,926,444.76	\$26,626,379.20	780,985	335,597	434,698
Oct 2009	260,217	\$117,405,593.33	\$88,988,773.47	\$28,416,819.86	820,680	350,403	459,122

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Nov 2007 - Oct 2008	251,198	1,220,484,800	\$930,221,789	\$290,263,011
Nov 2008 - Oct 2009	257,890	1,320,729,905	\$1,007,957,098	\$312,772,807
% Change (Roll Yrs)	2.70%	8.20%	8.40%	7.80%